

Our Ref : T 0618 / SHC1660C /WT(st)

Your Ref :

Date : 29-Jun-18CDGE Taxi Claims Dept  
59 Loyang Drive 4th Flr  
Singapore 508969ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701Mainline +65 6383 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No. 199506048W

**Workshops:****Braddell**  
205 Braddell Road  
Singapore 579701**Loyang**  
59 Loyang Drive  
Singapore 508969**Sin Ming**  
383 Sin Ming Drive  
Singapore 575717**Pandan**  
45 Pandan Road  
Singapore 609286**Ubi**  
320 Ubi Road 3  
Singapore 408649**Senoko**  
24 Senoko Loop  
Singapore 758158**Sungei Kadut**  
7 Sungei Kadut Way  
Singapore 728791**Yishun**  
Yishun Industrial Park A  
Singapore 768732**CHINA INSURANCE CO LTD**  
**3 ANSON ROAD**  
**#16-00 SPRINGLEAF TOWER**  
**SINGAPORE 079909****Attn : Motor Claims Department****WITHOUT PREJUDICE**

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHC1660C YOUR INSURED SJQ2272K**  
**AND OTHER \_\_\_\_\_ ON 14.06.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC1660C which was involved in the captioned accident with your insured vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving SJQ2272K we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$ 2,518.78
2	6 days Loss of Rental @ \$ 125.40 per day	\$ 752.40
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
<b>Sub Total :</b>		<b>\$ 3,278.67</b>

**HIRER'S CLAIM**

7	6 days Loss of Income @ \$ 80.00 per days	\$ 480.00
<b>Total Claims :</b>		<b>\$ 3,758.67</b>

We enclose herewith the following documents to support the claims: -

- a) Original repair bill and photocopies of photographs : 6 pcs.
- b) LTA search slip/s of : SJQ2272K
- c) GIA / Police report/s of : SHC1660C
- d) Letter of authority from owner / hirer / operator
- ( ) Traffic Compound ( ) Towing/Medical bill/receipts ( ) Certificate of Insurance
- ( X ) Photograph/s of Accident Scen ( x ) Downtime/Mileage record ( x ) Rental Rate letter

Kindly look into the matter and let us hear from you on the settlement of the said claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours faithfully  
*William Tan*

Deputy Manager

CDGE Claims Department

Tel: 6214 8737 Fax: 6214 1843 Email : williamtan@cdge.com.sg

This is a computer generated letter. No signature is required.

A member of

**COMFORTDELGRO**

## LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING  
ALONGTOYOTA PRIUS SHC1660C , SJQ2272K  
MOULMIEN RD X BALESTIER RD

ON 14-Jun-18 12:45

I / We

HENG JEE MIN

(Hirer) NRIC No.: S1115993A

and/or

(Relief) NRIC No.:

Taxi Number

SHC1660C

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of income, loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
3. To sign Discharge Voucher on my/our behalf.
4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of "ComfortDelGro Engineering Pte Ltd".

Date

14-Jun-2018

Name of Hirer

HENG JEE MIN

Hirer NRIC

S1115993A

Signature :



Address

48 STRATHMORE AVENUE #38-229  
140048

Contact No.

97665355



GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REF. NO.: 199506048W  
Page: 1

8010012

CHINA TAIPING INSURANCE CO(S) PTE L  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO  
SHC1660C

INV. NO/DATE  
91380318 27.06.2018

MAKE  
TOYOTA

JOB NO.  
305175527

MODEL  
PRIUS HYBRID(G4)

ODOMETER READING

DATE OF REQ  
10.08.2017

DATE/TIME IN  
14.06.2018 13:35

CHASSIS CODE  
JTFDK83FU803563259

Description : 3P 14.06.2018

S/No Part No.

Qty Unit Price %Disc Net

### PART REQUISITION

0001	04-01-0302-2282	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0002	04-01-0302-2965	PRIG4 FILTER-REAR BUMPER	1	148.41	25.00	111.31
0003	04-01-0302-2287	PRIG4 GUARD-REAR BUMPER C	1	552.30	25.00	414.22
0004	09-01-0302-2005	PRIG4 REVERSE SENSOR ASSY	1	135.70	0.00	135.70
0005	04-01-0302-0795	PRIG4 LENS AND BODY REAR	1	548.40	25.00	411.30
0006	04-01-0302-2267	PRIG4 BUMPER PIECE	10	2.20	25.00	16.50
0007	04-01-0302-2286	PRIG4 COVER REAR BUMPER-T	1	14.70	25.00	11.02

SUB-TOTAL : 1,444.00

### JOB NATURE

0001	L	REAR BUMPER MAT	50.00	50.00
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- WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.
- CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY OR NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS; OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
- INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.
- PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd

A member of COMFORTDELGRO

Head Office:  
205 Braddell Road  
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91380318	2,518.78	

8010012

CHINA TAIPING INSURANCE CO(S) PTE L  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO  
SHC1660C

INV. NO/DATE  
91380318 27.06.2018

MAKE  
TOYOTA

JOB NO.  
305175527

MODEL  
PRIUS HYBRID(G4)

OJOMETER READING

DATE OF REG  
10.08.2017

DATE/TIME IN  
14.06.2018 13:35

CHASSIS CODE  
JTDKB3WU803563259

S/No	Part No.		Qty	Unit Price	%Disc	Net
0002	I.	PANEL BEATING	400.00		400.00	
0003	23-502	SPRAYPAINT ON AFFECTED AREA	400.00		400.00	
0004	17-01	CHECK ALL LIGHTING	30.00		30.00	
0005	20-22	REMOVE/REPAIR REVERSE SENSOR	30.00		30.00	
SUB-TOTAL				:		910.00

Items total	2,354.00
Add GST @ 7.000 %	164.78
Invoice amount	2,518.78

Issued by : KATHKRINETAN 27.06.2018 08:41:25  
Repair type : CSO/57/57  
Payment Type/Term: /Credit 30 days

- WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.
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- PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd  
A member of COMFORTDELGRO

Head Office:  
205 Braddell Road  
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91380318	2,518.78	

Our Ref: CT18060424

Date: 26 June 2018



## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	14/06/2018 @ 12:45 hrs
ALONG	MOULMIEN RD X BALESTIER RD
INVOLVING	SJQ2272K

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC1660C** (the "Taxi"). The Taxi was hired to **HENG JEE MIN IC NO S1115993A** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.40** per day (inclusive of GST).

Please be advised that the Taxi was insured with **MS First Capital Insurance Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay  
Assistant Manager, Fleet Safety

This is a computer generated letter. No signature is required.



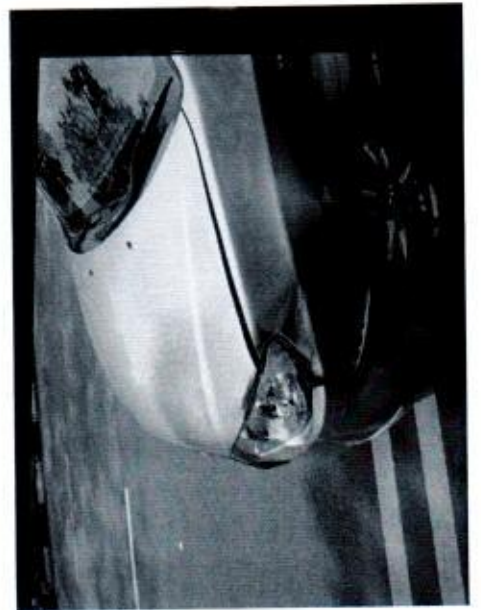
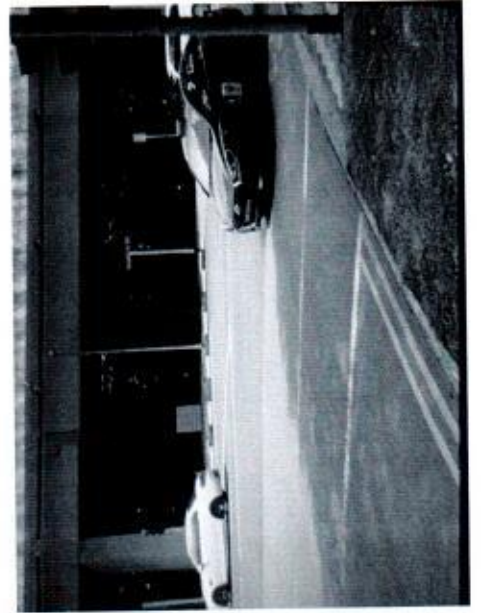
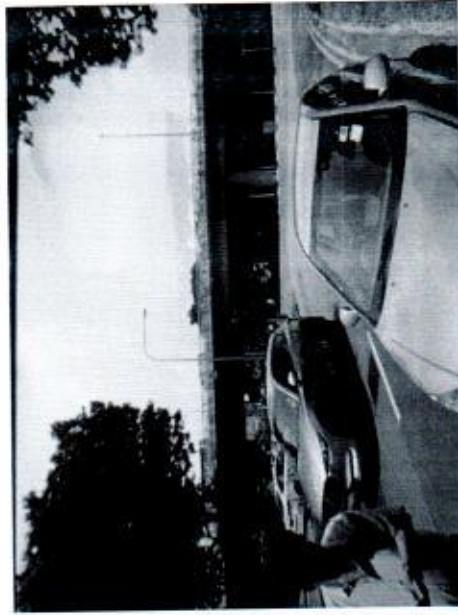
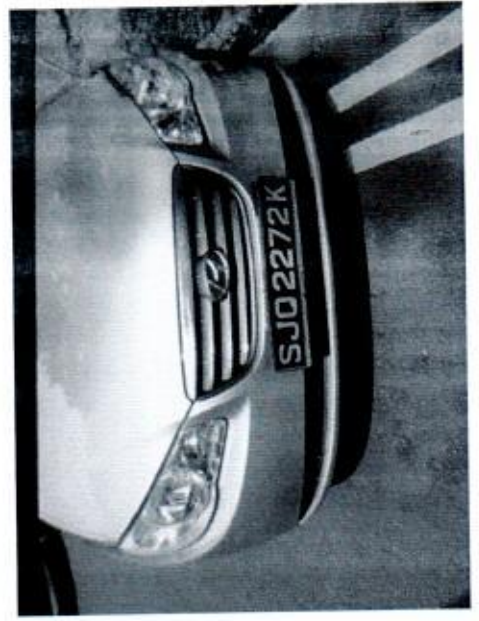
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**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJQ2272K	14 Jun 2018 / 12:45:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous

OK





## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report 14/06/2018 14:22  
 Date Of Accident 14/06/2018 12:45  
 Exact Location Of Accident MOULMIEN RD X BALESTIER RD  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC1660C  
**Insured/Policyholder**  
 Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD  
 Co Reg No 199303821R  
 Email Address FLEETSAFETY@CDGTAXI.COM.SG  
 Mobile Phone No  
 Alternative Phone No OFFICE-65508768

### Vehicle Particulars

Manufacturer TOYOTA  
 Model PRIUS HYBRID 4G

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category TAXI

### Insurance Company

Name of Insurance Company MS FIRST CAPITAL INSURANCE LTD  
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT  
 Fleet Policy YES  
 Policy Number D-18088936MFSH  
 Cover Note Number

### Driver

Name of Driver HENG JEE MIN  
 NRIC No S1115993A  
 Date Of Birth 30/03/1955  
 Occupation OUTDOOR  
 Date Of Driving Pass 18/04/1978  
 Driving Experience 40 YEARS AND 1 MONTH  
 Gender MALE  
 Mobile Number (LOCAL) +65-97665355  
 Fax Number  
 Contact Number  
 Email Address HENGJEEMIN@GMAIL.COM

Address	BLK 48 STRATHMORE AVENUE #38-229
Postcode	140048
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER ATTACHED

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

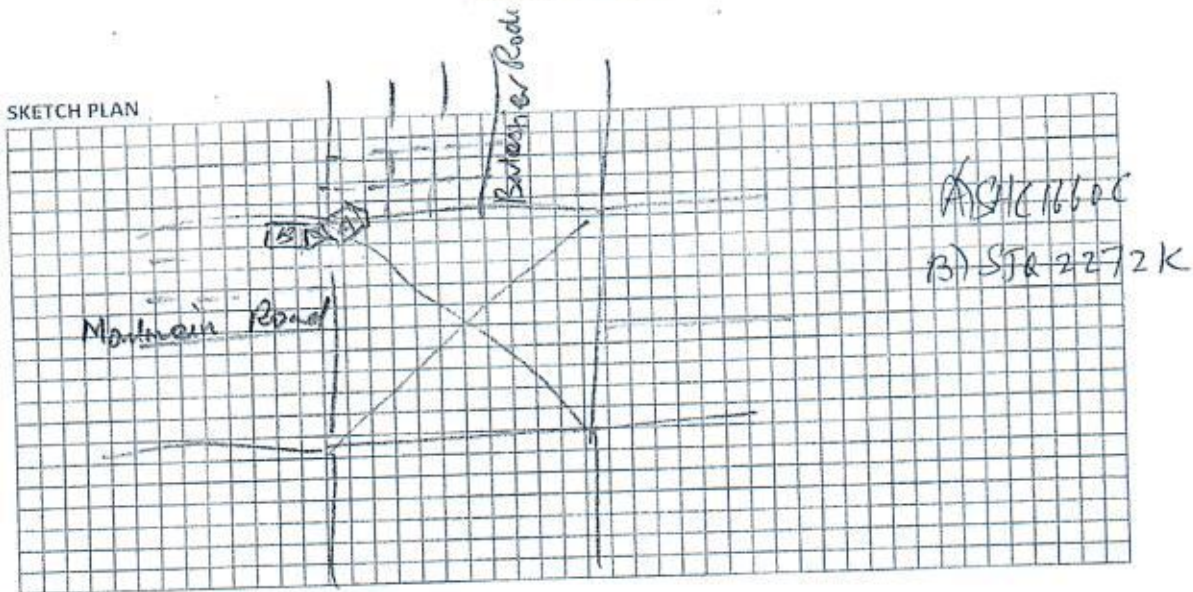
Vehicle Registration Number	SJQ2272K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT RH

No. Of Passenger (Including Driver)



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/6/18 at about 1245hrs while I Veh A stopped for the pedestrian who was crossing along the traffic junction, Veh B collided on the right rear portion of my stationary vehicle.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

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